

Barber Shop Requirement and Procedures

Requirements:

As a minimum requirement each shop shall have hot and cold potable running water.

The following must be posted in the shop:

- Shop License, and all Personal Licensees
 - Blood Spill Procedure
 - Wet Disinfection Standard
 - Sanitation Rules
- **Refer to Wyoming Rules and Regulations, Chapter 2 for more detailed information on shop requirements and sanitation (<http://soswy.state.us/rules>, in rule search choose Program drop down menu, Barber Examiners)**

Procedure:

1. Complete and return to the Board office the notarized shop application along with:
 - a. Inspection sheet
 - b. Floor plan
 - c. Fees
 - d. *Proof of Lawful Presence (non licensed owner only, acceptable documentation listed below)
- **Applications must be received by the Board office at least 15 day prior to date of opening**
- **Shop must have inspection or verbal approval and shop license posted prior to opening**

The following numbers may be of assistance when opening your salon:

- | | |
|---|--------------|
| 1. OSHA (Occupational Safety and Health Administration) | 800-321-6742 |
| 2. Department of Revenue (sales tax license) | 307-777-7961 |
| 3. Department of Health | 307-777-7656 |

- **Shop owners who intend to hire barbers as employees will have to have a federal ID number**

***Proof of Lawful Presence must be included with this application if the owner does not hold a license with the Wyoming Board of Barbers.**

The Federal Government requires our office to have a copy of 'Proof of Lawful Presence' on file for every licensee. The following list is considered acceptable documentation for proof of lawful presence.

- A photo copy of a certified birth certificate (not a hospital document) issued in or by a city, county, state, or government entity within the United States or its outlying possessions
- A photo copy of a U.S. certificated of birth abroad (FS-545, DS-135) or a report of birth abroad of a U.S. citizen (FS-240)
- A photo copy of a birth certificate or passport issued from: Puerto Rico, on or before January 13, 1941; Guam, on or after April 10, 1898; U.S. Virgin Islands, on or after February 25, 1927; Northern Mariana Islands on after November 4, 1986; American Samoa; Swain's Island; or District of Columbia
- A photo copy of a U.S. passport
- A photo copy of a certificate of naturalization
- A photo copy of a certificate of citizenship
- A photo copy of a U.S. citizen identification card
- A photo copy of an individual fee registration receipt (form G-711) that shows that the person has filed application for a new naturalization or citizenship paper (form N-565)
- A photo copy of any other document which establishes a U.S. place of birth or indicates U.S. citizenship

WYOMING BOARD OF BARBER EXAMINERS

2515 Warren Ave., Suite 302, Cheyenne, WY 82002

Phone (307) 777-8572 Fax (307) 777-3681

BARBER SHOP APPLICATION

**Please refer to the Requirements and Procedures to obtain a Wyoming Shop License*

Shop License Fee:

\$100.00 Inspection Fee

\$ 60.00 License Fee

\$160.00 Total fee to be included

➤ All Barber Shop Licenses must be renewed no later than June 30th of each year

****COMPLETED APPLICATION MUST BE RECEIVED BY THE BOARD OFFICE 15 DAYS PRIOR TO OPENING DATE OF SHOP – NO EXCEPTIONS**
SHOP MUST BE WORK READY PRIOR TO INSPECTION**

ANTICIPATED OPENING DATE _____

NAME OF SHOP _____ PHONE () _____

STREET ADDRESS _____ CITY, STATE, ZIP _____

NAME OF OWNER _____ PERSONAL LICENSE # _____

MAILING ADDRESS _____ CITY, STATE, ZIP _____

PHONE () _____ (HOME) SOCIAL SECURITY NUMBER _____ - _____ - _____

E-MAIL ADDRESS _____

- 1. Has any state(s) rejected your application or disciplined, restricted, revoked or suspended your license? Yes _____ No _____
- 2. Have you ever voluntarily surrendered your license in order to avoid disciplinary action by any regulatory agency? Yes _____ No _____
- 3. Have you ever been convicted of any felony? Yes _____ No _____
- 4. Do you now use, or within the last five (5) years have you used, alcoholic beverages habitually to excess? Yes _____ No _____
- 5. Do you now use, or within the last five (5) years have you used hallucinogenics, barbiturates, narcotics of any controlled substance habitually to excess? Yes _____ No _____

(If you answered 'Yes' to any of the above questions, please attach a detailed explanation including state(s) and outcome)

AFFIDAVIT AND NOTARIZATION

The undersigned, being duly sworn, upon his oath deposes and says that he is the person making the foregoing statements and that they are made in good faith and are true in every respect.

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20____

SIGNATURE _____

NOTARY PUBLIC

EXPIRES

SIGNATURE OF LICENSEE
(Must Be Witnessed by a Notary)

NOTARY SEAL

INSPECTION

Shop Name _____

Contact person _____

City _____

Display of License, notices YES ___ NO ___

Licenses :(Personal and Shop) Blood spill, Sanitary Rules, Inspection Sheets, Disinfection Standards to be displayed in public view. (eg; reception area)

Shampoo Bowls: YES ___ NO ___ Disinfectant _____

Labeled Disinfectant or approved wipes at shampoo bowl.

Sink and Shampoo Bowl: YES ___ NO ___

Criteria for all sinks and shampoo bowls

No cracks

No enamel missing

No extreme scratches

Neck area in good condition

Toilet and hand washing sinks: YES ___ NO ___

Liquid or powder Antibacterial soap at all hand washing sinks

Disposable hand towels at all hand washing sinks

Bathroom Facilities (if available): YES ___ NO ___

Can not pass through person's living quarters

Convenient and accessible

Floors, Walls and Ceilings: YES ___ NO ___

Floors are clean, smooth and a washable type of construction **Type of floor** _____

No cracks in the tile or vinyl

Walls should not be cracked and shall be painted

Wall shall be washable

Carpeting cannot be under work area (i.e.: stations and shampoo bowls)

Entrance to Shop: YES ___ NO ___

Has to have outside entrance

Has to have separate entrance if in another business or living quarters

Has to have closeable door between another business or living quarters

From a passageway in a public building.

Complete Immersion: YES ___ NO ___

Container large enough to completely immerse brushes, combs etc. (available for inspection)

Proper disinfection:

1-Clean with soap and water

2- Immerse in approved disinfectant

3-Rinse

Covered Disinfectant: YES ___ NO ___ **NAME OF DISINFECTANT** _____

Appears to be changed regularly (no sediment in jar)

If barbicide jars are used at station, any implement put in jar must be cleaned with soap and water and then immersed.

Jar should stay covered at all times: i.e.: combs should not be out of solution or combs should not be sticking out of jar where the top will not go on.

Labeled jars (if storing soiled implements in soapy water it must be labeled as such)

EPA Approved :(Refer to Wet Disinfection Standards) YES ___ NO ___

Container for Implements: YES ___ NO ___

All containers that can be disinfected and closed may be used.

Storing of Implements and Towels: YES ___ NO ___

All implements shall be disinfected first before storing.

Only disinfected items are to be in disinfected closable container (i.e.: money, hair clippings etc. shall not be in the clean area)

All hair to be removed from brushes before disinfecting.

All hair clips or jaws, razor guards shall be properly disinfected after each use.

All clippers shall be cleaned after each use and stored in a closeable container or if left out should have cap on clipper blade end for storage.

No items such as brushes, clips, combs, clipper attachments, etc. to be left out. Should either be in a labeled clean or dirty container.

Dirty towels are to be put in ventilated container with lid

All Q-tips or any applicators shall be in a covered container.

Towels shall not be stacked on counter.

All towels are to be stored in clean closed container or cabinet.

Trash Containers: YES ___ NO ___

All trash containers including bathroom and office trash containers shall have a lid.

Preparations: YES ___ NO ___

All jars or containers should have lids.

No finger marks should be in preparations. They should be removed with spatula or pump (needs to be done in a manner as not to contaminate)

All containers shall be labeled.

Refreshments: YES ___ NO ___

All refreshments are to be served in single serve containers only.

No glass or ceramic containers.

No open food or beverages in work area.

Neck Strips: YES ___ NO ___

A clean neck strip or towel shall to be used on each patron.

No capes are to come in contact with skin.

Neck brushes: YES ___ NO ___

Neck brushes may not be used unless disinfected after each use